

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041610  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

660

FILED NOV 26 1962

VS 300  
Rev. 4/59

1 0109

2 0390-

3

4 0

5 0

6

7 0

8 2

9 4344

10

11

12 2-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

### 1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

Columbia

Length of stay in lb

15 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

University of Mo.  
Medical Center

Inside Limits

Yes ☒ No ☐

### 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Greene

Inside Limits

Yes ☐ No ☒

c. CITY

OR

TOWN Republic

d. STREET

ADDRESS Rt. #1

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

### 3. NAME OF DECEASED

(Type or print)

First Kenneth

Middle Dale

Last Keith

### 4. DATE OF DEATH

Month

11

Day

17

Year

62

### 5. SEX

MALE

### 6. COLOR OR RACE

WHITE

### 7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

### 8. DATE OF BIRTH

11-18-46

### 9. AGE (last birthday)

15

### IF UNDER 1 YEAR

Months

Days

### IF UNDER 24 HR

Hours Min.

### 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

### 10b. KIND OF BUSINESS OR INDUSTRY

SCHOOL

### 11. BIRTHPLACE (City and state or country)

Bois D'Arc, Mo

### 12. CITIZEN OF WHAT COUNTRY

USA

### 13a. FATHER'S NAME

Virgil Keith

### 13b. MOTHER'S MAIDEN NAME

Florence Jones

### 14. NAME OF HUSBAND OR WIFE

### 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

### 16. SOCIAL SECURITY NO.

### 17. INFORMANT

Address

### 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Anoxia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PRIMARY Pulmonary hypertension

10 years

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

### 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

### 20a. ACCIDENT - SUICIDE HOMICIDE

☐ ☐ ☐

### 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

### 20c. TIME OF INJURY

Hour Month, Day, Year

### 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

### 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

### 20f. CITY, TOWN, OR LOCATION

### COUNTY

### STATE

21. I attended the deceased from 11/17/62 1pm to 11/17/62 1:25pm and last saw her alive on 11/17/62. Death occurred at 1:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

### 22a. SIGNATURE

(Degree or title)

Robert J. Harris M.D.

### 22b. ADDRESS

University Hospital Columbia Mo

### 22c. DATE SIGNED

11/17/62

### 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

### 23b. DATE

Nov-17, 1962 Garoutte Cemetery

### 23c. NAME OF CEMETERY OR CREMATORY

### 23d. LOCATION (City, town, or county)

Republic MO.

### (State)

### 24. FUNERAL DIRECTOR

Cantrell Republic MO

### 25. DATE RECD. BY LOCAL REG.

Nov 23, 1962

### 26. REGISTRAR'S SIGNATURE

Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*William L. Cantrell*

Licensed Embalmer No.

*4820*

P. O. Address

*Republic, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.